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# **Independent advocacy services for looked after children and children: Evidencing the impact**

## **Introduction**

Looked after children are those who are the responsibility of a local authority if a court has granted an order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours (Children Act 1989). Whilst all looked after children are allocated a social worker, many also need additional support from advocates to support them to get their views across, especially in meetings about their care arrangements. Looked after children are less likely to have family members who can speak up for them or act on their behalf, as would be the case for the majority of children in the population. Therefore, it is believed that advocates have a key role to play in supporting them in this way and also in promoting children's rights (Willow, 2013; Becker, 2011; The Who Cares Trust, 2013; Boylan and Dalrymple, 2009). It is well reported that where children are listened to and heard, they feel more in control of situations, and become more assertive and confident and less vulnerable to maltreatment (McLeod, 2007; Chorpita and Barlow, 1998). The majority of these advocates are provided through voluntary sector organisations.

Although there is a general understanding that voluntary sector advocacy providers play an important part in supporting looked after children, there is little evidence to illustrate the positive impact that these organisations have. This article explores findings from research which illustrate the problem of the accountability of voluntary sector advocacy services for

looked after children. The research was funded by the Hadley Trust and conducted by researchers at the Hadley centre in the School for Policy Studies at the University of Bristol. The article will first provide an overview of voluntary sector advocacy provision, before reporting the findings of the research and discussing implications and recommendations.

### **Voluntary sector advocacy provision**

There are two models of providing advocacy services to looked after children. One is where advocacy services are provided by what are commonly known as Children's Rights Officers who are employed by the local authority. The second model is an 'external market model', when advocacy is provided by a voluntary sector provider, also often known as Independent Advocacy. This second model predominates in England accounting for around 70% of the services commissioned by local authorities (Brady, 2011).

Voluntary sector advocacy services have been provided to looked after children since the late 1980s and have continued to develop as the result of changes to statutory guidance and new legislation which expanded the remit of services. They increased further since the 1997 inquiry into the abuse of children in residential care, which highlighted how looking after children in care "would be easier and much more effective if we really heard and understood what they have to tell us" (Utting, 1997, p7). Data from a survey of advocacy services conducted by the Thomas Coram Research Unit revealed that the majority of advocacy services were established between 1996 and 2000 (Oliver, 2006). Expansion has more recently been encouraged by a new framework from the Office for Standards in Education (Ofsted, 2014), which acknowledges the importance of assessing the extent to

which children's wishes and feelings have been ascertained and taken into account in understanding their wellbeing. Underlying much of this guidance is the UN Convention on the Rights of the Child (1991), and in particular articles 12 and 13, which emphasise the importance of children being able to represent their views in matters that concern them. However, despite the increase of services, there are still huge gaps in service provision for looked after children.

Voluntary sector advocacy organisations are required to compete with each other for contracts with local authorities to be the advocacy provider for looked after children in a particular geographical area. Voluntary sector providers are thought by many to be in a better position to support children to put their views across because they are independent from the local authority. Advocates working within the local authority may struggle to put across views of the child that may be in conflict with the needs of the local authority. It is thought that looked after children are more likely to open up and express their views to those who they see as separate from the local authority – especially where their concerns relate to dissatisfaction with their current care arrangements.

Despite a general consensus that voluntary sector advocacy services provide a key role in supporting looked after children, there are questions over the provision of services. Some are concerned that a sizeable proportion of looked after children are actually unaware of the existence of advocacy services or their entitlement to use them. One study showed that 30% of a sample of 1,113 looked after children said they did not know what an advocate was (Morgan, 2008) and 55% responding to a question in the Children's Commissioner's national survey of children in care (2016) said that they did not know or were not sure how

to access an advocate. Currently, in England, local authorities have a legal duty to make advocacy arrangements for children who wish to make a complaint about health or social care services and for children who are detained under the Mental Health Act or who are 16 or 17 year olds who lack mental capacity. Statutory care planning and safeguarding guidance encourage local authorities to extend the provision of advocacy to other looked after children who need it. However, in reality the vagueness that surrounds entitlement for looked after children to advocacy services means that there are different levels of support in different areas.

There are also questions over the provision of advocacy services by those who think that such services are not necessary when considered in addition to the many other professionals in the lives of looked after children (especially social workers). The main argument to justify the need for advocates relates to the potential conflict between the child's wishes and feelings, and the assessment and decision making processes that the social worker has to undertake (Becker, 2011; Oliver et al, 2006). Sometimes the child's wishes may not be in their best interest and this can prevent social workers representing their views. However, the issue is complex as for a social worker to reach a point where they can decide what is in a child's best interest, they also need to discover the experiences and views of the child. It has been argued that as social work has become more bureaucratic and focused on case management, overstretched social workers are unable to take on the role of listening to children (Boylan and Dalrymple, 2009). Social workers are often constrained in their planning by resource issues and children can feel as though decisions that are made about their care are influenced more by financial restrictions than their welfare or rights. Many working in the area believe that as systems currently stand, advocates play a crucial

role in ensuring that children receive the appropriate resources and that independent services provided by the voluntary sector are key to ensuring the well-being of looked after children (Oliver et al., 2006; Boylan and Dalrymple, 2009).

The positive effects of advocacy provision also relate to the abilities of advocates to manage and support the child's relationships with significant others in their lives. Advocates need to be able to manage the delicate position they can find themselves in of helping children to voice their opinions without jeopardising the child's other networks and relationships with other professionals, family and friends (Becker, 2011; Moss, 2011; Willow, 2013). There are currently no statutory guidelines around the level of training that advocates working with looked after children should undertake, which means that there will be variation in the level and quality of training that advocates complete. A lack of training may affect the ability of advocates to manage the delicate relationships that surround looked after children.

### **Measuring Impact**

For many years, voluntary sector organisations have been required to evidence their impact in order to argue their effectiveness in tackling social problems. However, there has been a sharp rise more recently in third sector use of impact measures (Ogain et al, 2012), supported by national policy such as the Public Services (Social Value) Act 2012 which sets out the expectation that public services demonstrate the wider social environmental and economic impacts of services. One of the main reasons for an increased focus on impact measurement is the shift of public services to the voluntary sector over the past two decades and the need for services to prove their effectiveness amidst this more competitive funding environment (Harlock and Metcalf, 2016). Concerns are raised however around how

funder requirements shape what is actually being prioritised and measured in these processes (Ellis and Gregory, 2008).

Commissioning arrangements currently require voluntary sector advocacy providers to compete with each other for contracts with local authorities. In order to be successful in these processes, organisations need to be able to demonstrate the quality of the work that they are undertaking. Unless organisations are able to evidence the positive impact of their service both in terms of take up and outcomes, they can find themselves in a weak position in terms of being able to argue for a well-funded service against those who may offer something cheaper. Local authority procurement arrangements could mean that organisations who have built up better capacity to measure both their reach and outcomes will win contracts as they can prove their service impact causing other organisations to lose out, and in some cases, to shut down altogether. Most local authorities develop their own set of requirements about the outcome data they wish to collect from their advocacy providers, and often change these year to year. Some advocacy organisations set out to meet the data requirements of their funder but through this tend to end up collecting inconsistent data to meet the immediate demands of their commissioners rather than focussing on the collection of more coherent and consistent data which can be used to evidence impact over time.

Some argue that voluntary organisations can regain power in the process of evidencing the outcomes of their work by setting their own social impact measures (Arvidson and Lyon, 2014). In its 'Blueprint for shared measurement' (Ógáin, 2013), New Philanthropy Capital (NPC) has developed the idea that charities and other voluntary organisations who are

working on similar issues should come together to reach a common understanding of key outcomes and develop shared measurement tools. The benefits of this approach are that organisations can pool and compare data on the take up and impact of services and subsequently learn from each other as well as saving each organisation the cost of developing their own tools. Unfortunately, one of the inhibitors to the development of shared measurement is the way that voluntary organisations have to compete for local authority contracts. Voluntary organisations may not feel that it is in their interests to share data or measurement tools if this might support others with whom they are in competition in these commissioning arrangements.

The remainder of this article describes the research method and findings of the study we undertook on the provision of independent advocacy services. Issues around access, quality and consistency of data are discussed, along with the implications of findings on the accountability and future of voluntary sector advocacy provision.

## **Research Method**

The aim of this study was to contribute to the evidence base on the scope and function of advocacy services by examining the referrals to children's independent advocacy services over a 12 month period. The objective was to explore who actually receives advocacy services and profile the characteristics of service users. Although not originally a primary objective of the study, we also asked organisations for any data on the outcomes of service provision.



As we were already aware that the primary provision of advocacy services was from voluntary sector providers, our research focussed on the advocacy services by these organisations only. A national survey of the referrals made to children's voluntary sector advocacy services in England between 1st April 2010 - 31st March 2011 was carried out by the author (Wood and Selwyn, 2013). The aim was to be able to inform services if there were gaps in their provision so that they could look to ways to minimise these gaps and become more inclusive. We contacted 25 advocacy organisations of which we were aware (using an initial list of 19 organisations taken from Brady's (2011) mapping study of advocacy services and an internet search which also identified 6 other organisations). It is not possible to know whether this is a complete list of organisations as there is no national register of advocacy services. We focussed on children's advocacy services only. Although we are aware that some adult-based services will also provide advocacy for older children, it was beyond the scope of this research to include these children in the research.

Eleven advocacy organisations supplied information on 7,039 referrals, including 2,000 referrals where the referrer was signposted onto other services. All of the agencies worked with children who were looked after. Most also worked with children subject to child protection plans and some with children in need. A few also seemed to extend their service further to provide support with regards to education and health. Two agencies also provided advocacy to children in secure settings, however, we did not collect this data as part of this research. Many of the agencies in our sample were the larger advocacy providers. Six of these larger advocacy providers were part of well-known national children's charities with incomes of over £100 million, defining them as super-major charities (NCVO, 2016). Three organisations had incomes between £1 and £10 million, placing them in the

'large' charity group, whilst the others had incomes lower than £1 million (NCVO, 2016). Due to the large size of the national providers, we estimate to have obtained information on about 80-90% of all the referrals received by children's advocacy organisations in England during the year 2010-2011 for the 106 local authorities who commission independent services. One agency had recorded Scotland as the region and one the Channel Islands, these have been excluded from the analysis, as it was not our intention to collect data from these areas. We asked organisations to provide only data where the referral resulted in actual take-up of the advocacy service, after it became clear at our first research advisory group that not all organisations collect data where there was no actual take up of services. To give an idea of the kind of data we might be able to obtain we initially asked each agency to send us an example of their referral form, so that we could obtain some understanding of the type of data we might be able to get from agencies. Whilst we hoped to receive as complete a data set as possible, we also made it clear that the most important data that we needed were gender, age, ethnicity, religion, disability, reason for referral and any information on the outcomes of the services for the children.

There were a number of reasons why some of the organisations did not provide data for the study. Four organisations did not respond to efforts to engage them in the study. Two of the organisations said that they were unable to participate due to a lack of resources. Some of the organisations refused to take part because they were concerned that providing data was in breach of the Data Protection Act (for example, saying that it was in breach of the Act to pass on anonymised information about the child). This is actually a misconception of the Data Protection Act. The study received ethical approval from the University of Bristol, School for Policy Studies ethics committee which was satisfied with the research method

and collection of anonymised data. Others refused because they could not see how the research might benefit their organisation. Such opinions are a concern as one of the main aims of the research was to try and help organisations understand where there may be gaps in the provision of services. The only way this can be done, is by organisations being willing to collect and provide data. From those that did take part, one organisation was able to provide data for only half of its service. This was because for some of the organisation's satellite projects there seemed to be no system in place for the collection of data and it was deemed to be too complex a task to find a way to collect this data.

Data analysis was complex due to the different ways in which information was collected and recorded by organisations. One complication was that some organisations had a number of satellite projects and the data recorded was slightly different within each project. Also, sometimes data was collected at different levels such as at child-level and at issue level. Merging and data restructuring were undertaken to provide one excel dataset for all agencies. This was then cleaned and transferred into SPSS for analysis.

## **Research findings**

This section reports on both the findings and gaps in the data we collected. Although the primary focus of the data collection was on the characteristics of the children using voluntary sector advocacy services, we also asked agencies to provide any data they collected on the outcomes of their services. However, as data was so limited on outcomes, we are unable to report findings from this data with any confidence. Rather, we focus more on issues around the collection and usefulness of outcome data in the discussion section.

Despite the complexities around gathering, cleaning and sorting the data, we were able to collect some useful information. We were able to see that certain groups might be missing out on advocacy services, providing evidence that voluntary sector services are not reaching all looked after children. For example, we ascertained that the highest proportion of referrals were in the South West (18% of information supplied) and the West Midlands (16%) and that the North West, East Midlands, Yorkshire and the Humber were the areas with the fewest referrals when compared to the looked after population as a whole in those areas (see table 1).

Table 1 here

One important finding was that there were very few referrals regarding 0-4 year olds (2%). Around half (51%) of the referrals came from or were about children aged between 12 and 16 years old and more than one in five (23%) were 17-24 years old. Twelve young adults were also recorded as making a self-referral (range 25-35 years old). It was of some concern that so few very young children were receiving advocacy services. The Committee on the Rights of the Child, states in its General Comment No.7 (Implementing Child Rights in Early Childhood, 2005) that *“As holders of rights, even the youngest children are entitled to express their views” (Section 111.14)*. As young children are less likely to be able to express their views verbally, their perspectives tend to be less prioritised and their views are seen to be less worth listening to (Lansdown and Penn, 2004). Yet, children from very young ages are able to form views and it is important that advocacy organisations are able to use non-verbal communication methods to enable very young children to participate in decision

making. We could also see from the data that teenage boys were less likely to be referred or to self-refer for advocacy services when compared with the looked after population as a whole for this group. We can only speculate as to the reason for this. It may be that using such support is considered less socially acceptable for boys than it is for girls, or that teenage boys are seen to be less worthy of support. Mixed ethnicity children were also less likely to use services. This, however, may be influenced by factors such as their younger age at entry into care. Being able to identify these gaps is important for voluntary sector providers so that they can work to address unequal access to advocacy resources for looked after children, and subsequently provide evidence of their awareness and efforts to tackle service discrimination.

We could also gain some idea of the child's legal status although this information was missing for 11% of referral cases. The information that was available showed us that not all children receiving advocacy services are actually 'looked after'. We found that half of the referrals were about children who were looked after, yet 40% were for 'children in need' (where the child is not in care, but is defined by law as being under 18 and in need of local authority services to achieve or maintain a reasonable standard of health or development) and seven per cent were recorded as being involved in child protection proceedings (where the child is still living with their parents but is considered at risk of harm and therefore a plan is made to work with the family to rectify any problems). A small minority were described as care leavers (2%), although as we have seen earlier, 23% of children were over 17 years of age and therefore the low number of care leavers may reflect differences in recording rather than care leavers' access to services. These findings show that voluntary sector advocacy providers are not limiting their services only to those legally entitled, but

are following guidance that encourages services to be used for other vulnerable children. This may reflect the influence of statutory guidance, Ofsted inspections and Articles 12 and 13 (UNCRC 1991). It may also reflect the desire of organisations to help children, even where it may not be in their official remits to do so. Such provision may be dependent on the organisation receiving funding from other sources such as trust funds, donations, or from the Department for Education. However, as we received limited information on the outcomes of services we do not know whether there were differences in the type or level of service received by these different groups.

We were also keen to understand the reasons that the children were using the service. All but one agency provided some information on the reasons why children were referred to their service, but despite this, the reason advocacy was missing for about one in five of all referrals. From the data provided we could see that the main reasons given for needing advocacy services were the provision of information, signposting to services, participation in decision-making and support. There were also many other reasons such as support around being a young parent, reunification, running away, relationships with professionals, legal issues, leaving care and transition, housing, finance, education, disability, contact with birth family, complaints, adoption and abuse. This information was useful in enabling us to see the range of issues presented and therefore the requirements for voluntary sector providers to be well trained to support children with regard to a varied and wide range of concerns. This information is key for services to argue for the need for specialist advocates to support children. However, it was unfortunate that we could not access information for all users and we also found that the information was vague in many instances – this will be explored further later.

For other data on the characteristics of those accessing services, information was so limited that it was difficult to report findings. All organisations were able to provide information on most of the children's gender and age yet there was a great deal of missing data in relation to other demographic variables. For example, for 90% of referral cases the language of the child was not recorded and for 98% of the referrals, no religion was recorded. Even where information was collected, it was not clear if this was the professionals' perception or because the child had been asked. This was also not clear in relation to other variables such as ethnicity and language. The need to collect such detailed demographic information such as religion might be questioned, however, we would argue that it is important to know whether children from certain religions are excluded, especially as religious identity for many may be more relevant to their identity than their ethnic status. Whilst our study was quantitative, we did have some conversations with professionals when setting up arrangements for data collection. Some professionals argued that they would feel embarrassed to ask a person their religious belief. It was not clear why this might be the case. One possible reason for the lack of data collected on religion is that it is not something that is collected by the Department for Education (DfE) for their national looked after children's statistics – and is thus not considered important. This also means that there was no way to compare any statistics on the religion of children taking up advocacy services in the looked after population as a whole.

There was also a need to take caution when interpreting the use of some of the categories relating to ethnicity. For example, on first examination of the data, there seemed to be higher than expected numbers of children from 'white European' backgrounds, however, on

closer examination, it was evident that one agency had recorded all of their referrals as belonging to this category. When these referrals were excluded from the analysis, the proportion across all advocacy organisations from the white European category reduced by half from 4 percent of all those receiving advocacy services to 2 percent.

Information on place of residence of the children was only available for about 15% of all referrals which is unfortunate as previous research has stated that there is a low representation of children using advocacy services for children living in foster care compared to those living in children's homes (Chase, 2006; Ofsted, 2010). Department for Education looked after children statistics show that at 31 March 2013, 75% of the looked after children population were living in foster care and 9 per cent were living in residential schools, secure units or care homes (other looked after children were either living with their parents or placed for adoption before an adoption order is made). At a glance, our findings do seem to support those of others. However, as numbers were so low, we are unable to generalise from our findings and therefore remain unclear as to the proportion of children living in foster care who are accessing advocacy services, and therefore whether this is an area voluntary sector advocacy organisations need to target better or not.

There was also a lack of data on the children's asylum status. For unaccompanied asylum seekers or asylum seekers, the added complexity of language barriers, legal issues and need for advocacy in perhaps multiple settings (e.g, health, education, Children's services), it is particularly important to know whether advocacy services are reaching this vulnerable group of children. There was also a lack of adequate recording of the children's first



language and use of interpreters and limited information on the communication systems used with non-verbal children. This lack of information was evident across all organisations.

To get an idea of the over- or under-representation of the children using advocacy services, where possible, we compared data to the overall population of looked after children. One area where this was not possible however was in relation to disability. Most of the advocacy organisations collected data on whether the child had a disability or not, yet there are no statistics on the proportion of looked after children who are disabled. Defining what counts as a disability is one complication in the process of collecting relevant statistics (Becker, 2011). This was also evident in the way that advocacy data was recorded. Some agencies just recorded a Yes/No response for this question whereas others gave considerable detail. In some organisations children with mental health or emotional and behavioural difficulties were combined with physical or learning disabilities and in others these were recorded differently. We would argue that some detail is needed in order to understand whether children with particular disabilities are more or less likely to receive services. However, at the moment there does not seem to be any consistent guide for organisations as to how to record data on disabilities, combined with the lack of data, it is difficult to make any judgement on which groups may be missing out on services. Currently Government statistics on Children In Need, collected annually, do gather quite detailed information on whether the children are disabled and their type of disability (Department for Education, 2015) which could perhaps be considered for use in relation also to looked after children.

We also wanted to collect data on the number of repeat referrals to voluntary sector organisations within the data collection timeframe in order to understand more about the

use of advocacy services by children. We asked agencies to provide the child's unique identifying code – the I.D. code that would stay the same if the child was referred more than once to the same organisation. However, there was a great deal of variation between organisations as to the availability of repeat referral information with some showing the same I.D code more than once and others just showing it once. It may be that some organisations used different codes for the same child, or that some held cases open for longer meaning that there was no need to create a new referral for a new issue, or some may have undertaken very long term work with children, for example, this may be more likely with regard to agencies working more with disabled children. There was also a lack of consistency between the voluntary organisations as to the way the data had been recorded meaning that it was difficult to combine data from different agencies for analysis and reporting. For example, with regards to ethnicity, some organisations used categories from the census while others used different options.

Reason for referral data was also recorded inconsistently and considerable recoding of data was required to make sense of this information across organisations. Sometimes the reason for referral was very broad and gave little meaning. For example, the reason for referral in one organisation was simply 'need for advocacy and representation'; in another it was 'children's rights' and in another it was 'emotional and behavioural well-being'. These lack detail and would make it difficult to know whether the services provided have met the need. There was also a lack of consistency within organisations around the coding of the reason for referral which may indicate a lack of understanding among staff on the reason for referral or that the options used lacked clarity. It may be that the reason for referral

changed over time, or that multiple reasons for referral became evident as the advocate began working with the child.

One area where the lack of available data was particularly stark was in relation to the outcomes of the advocacy services received by the children. In our study, information on the outcomes of advocacy was provided for only 12% of the advocacy cases. Only six organisations provided data on the outcomes of the services they provided, but this information was inconsistent and there was a great deal of missing data. Without measuring the outcome of the service, it is impossible to know if the services have made a difference to the children and whether changes are positive ones. The high level of missing information means that it was not possible to report any findings from this data. Some local authorities required advocacy organisations to supply information on their effectiveness but it was not clear as to how the measures were developed and whether they related to things that mattered to the children themselves. The changing requirements of local authorities also meant that organisations were unable to collect consistent data over time. Also, each local authority had their own measures which meant that organisations who provided services to a range of local authorities, often had to collect different outcome information for each local authority.

We did find some evidence of change in data collection practices both in terms of reach and impact. In our general conversations with organisations during the data collection process we found that the largest organisations were starting to think about their data collection processes and were making steps to develop their means of collecting more coherent and consistent evidence of their provision and outcomes. For example, one organisation was in

the process of developing a new database for the input and collection of data. This is mirrored in more recent reporting. For example, the latest impact report (2015) from CoramVoice (one of the large providers), shows improvements for children after using their advocacy services in relation to a number of outcome measures around motivation, safety, wellbeing, responsibility, relationships and confidence. However, we are not aware of such developments for smaller organisations and we found no evidence of the development of any shared measures across organisations.

## **Discussion**

Voluntary sector advocacy organisations are plugging a gap in what is increasingly recognised to be a key area in the welfare of looked after children - listening, hearing and involving children in care and care leavers in decisions around their future. However, at present, we cannot tell if independent advocacy services are achieving what they set out to, and, presuming benefits are positive, for whom they are achieving them. At present advocacy services are a limited provision and for the sector to continue and expand there is a need for the service to show to whom and how well it supports children both in and on the edge of care. Our research identified the need for improvement in the quality of data collected both on the characteristics of looked after children using advocacy services and the outcomes of the support the children receive.

Our study showed that data collected by voluntary sector advocacy organisations on children's characteristics was poor. There was a great deal of missing demographic information as well as a lack of data on the children's placement and legal status. Providing

this information is important for organisations to understand who they are reaching and who may be missing out on their services, both for their own development purposes, and so that they can illustrate their positive work to funders. We also found that there was little consistency between organisations as to how data was collected. Consistent information is essential for understanding nationally which children may be missing out on services and how this may vary geographically. Improvements in this area need to come both from advocacy organisations and local authorities. The government could also do more to support the data collection process. With no consistent definition of 'disability', and with a lack of data collected nationally on the number of looked after children with a disability, it is impossible to gain an accurate picture of the proportion of children with a 'disability' who are receiving services. It would be useful for agencies to agree definitions of disability and to lobby government to improve the collection of data from local authorities on looked after children with a disability.

We also found severe limitations in the data that voluntary sector advocacy providers are collecting on outcomes. There may be many indirect effects of advocacy provision, but these remain unknown. Boylan and Dalrymple (2009) argue that advocates need to go beyond enabling children to have voice, but also the need to promote active citizenship in order to challenge the status quo of disempowerment and marginalisation experienced by looked after children. However, at present there is a lack of understanding of the long-term effects of advocacy support for looked after children. The lack of, and importance of providing, outcome data in relation to advocacy services has been identified by others as a key area for development (Willow, 2013; Children's Commissioner for Wales, 2012). Many professionals working with looked after children would agree that advocacy services are

crucial in supporting and empowering children to speak up and have more control in their lives and, through this, that the well-being of looked after children is improved. However, with limited evidence to back up these opinions, the sector may face difficulties in defending its worth, especially during times of austerity, where some of the debates raised in the introduction section about the value of advocacy services may come to the fore. It may also mean that the growth of the sector is inhibited and as a result need for advocacy may go unmet. Improving data collection in relation to outcomes needs to go hand in hand with improving data collection on the characteristics of those receiving services so that we can understand if better outcomes are achieved for certain groups rather than others.

One key concern is the vulnerability of smaller, more localised, voluntary sector advocacy providers. Our contact with agencies suggests that local authority commissioning arrangements for data collection disadvantage smaller organisations. Some agencies that we spoke to in our general conversations during the data collection process were very unsure about their future because of concerns over funding. We also found that three of the smaller organisations that were providing advocacy services in 2010/11 identified in Brady et al's study (2011) were no longer doing so at the time of data collection for our study in the Summer of 2012, showing the possible impact of their vulnerability. As things stand, voluntary sector advocacy organisations are required to compete with each other to be service providers. Larger organisations often win out in these processes as they have the reserve funds to allow them to take the risk of offering a lower cost service. Evidence shows that whilst income across the voluntary sector as a whole rose by 5.8 per cent between 2012/2013 and 2013/14, income among small and medium sized charities fell (NCVO, 2016). Smaller organisations can offer many benefits to clients. For example: the public tend to

have greater trust in smaller voluntary sector providers; they also know more about the needs of their local area such as for ethnic minority groups; and they are more aware of other local service provision (National Coalition for Independent Action, 2015). If it is thought important to have a diverse range of larger and smaller advocacy providers, it would be a concern if smaller organisations were pushed out because they were less able than larger providers to provide evidence of the important work they could be undertaking.

It was also evident that local authority commissioning arrangements hamper data collection processes in relation to both the characteristics of young people and outcomes. Local authorities set monitoring requirements for their commissioned providers to meet.

Providers told us how these often changed from year to year, depending on current local authority / central government priorities. There is no statutory requirement for independent advocacy agencies to produce annual statistics. Instead this leaves advocacy services responding to the fast changing data requests of local authorities. Although on the one hand, LA monitoring requirements mean that advocacy organisations collect some information, on the other hand, the changing requirements mean that there is a lack of consistent data over time making it difficult for voluntary agencies to see patterns or monitor progress. From our findings, it was evident that outcome data in particular, if collected, was being done so in more ad-hoc ways in response to these funder requirements. There was little evidence of any agreement between agencies over which outcomes should be measured, how they should be measured and whose views should be taken into account in defining what a successful outcome should be. Theory of change work, where the link between long term goals and the means of achieving these is thought through (Connell and Kubisch, 1998), and shared measurement tools such as those

promoted by the NPC (Ogain et al, 2013; Handley et al, 2016), where organisations agree and use a collective model, can be more clearly focused on achieving change for children. However, there is a need for careful consideration when choosing measurement tools. Although the rise in interest in impact measurement has led to the development of many standardised measures, there is a danger that a narrow selection of tools become popular as organisations mimic those used by others, regardless of whether they fit the needs of their specific organisation/s (Harlock and Metcalf, 2016). There are also questions over how far standardised measures alone can show meaningful impact as they lack the stories behind the figures which are key to getting messages about positive service delivery across. Mixed method approaches which combine quantitative measures with interview data are gaining popularity in measuring impact (Kazimirski and Pritchard, 2014) and may provide deeper information about the positive work of organisations. It is also suggested that organisations could use a range of measures, including some more standardised and others that are more specific to the unique and localised aspects of an organisation (Gibbon and Dey, 2011). This may be especially important where organisations are doing more specialised work such as with those who are severely disabled. It is also suggested that in considering the development of measures, it is important to take into account the views of looked after children themselves, who are best positioned to provide information on what they would hope to gain from using an advocacy service (Children's Commissioner, 2016).

Of course, the ability of organisations to engage in impact measurement is affected by resources, which are often more available to larger organisations. It can be hard for smaller organisations to navigate the vast array of measures – but if they do not use them when the larger organisations are doing so, it could put smaller organisations in a negative position. It



is argued that it is the responsibility of larger organisations to share their learning and resources in the area of impact measurement with smaller organisations (Harlock and Metcalf, 2016; IPPR North, 2016). Unfortunately, organisations that are more advanced in their recording systems may be reluctant to share knowledge and progress in this area for fear that it may limit their competitive edge. This could leave smaller organisations who may have fewer resources to develop such systems without the potential support to do so and may mean that smaller local services are pushed out of this field.

It is important that any efforts to improve impact measurement engage in these wider debates and questions. Importantly it seems key that power dynamics around impact measurement are addressed. There is a tendency for funders to set the impact agenda, when in fact voluntary sector organisations and the clients using their services are better placed to define the factors that represent impact. There is a need to go beyond the conceptualisation of evaluation as a form of control by those providing funding over those providing the impact (Arvidson and Lyon, 2014).

## **Conclusions**

There is increasing recognition within the voluntary sector of the need for improved services and that evidencing the impact of service delivery is key to the continuation and enhancement of services (Harlock and Metcalf, 2016). There are debates around how best to make the necessary improvements to the recording and collection of data in this area. Brady (2011) argues for a national database containing regularly updated information from all advocacy providers. We would argue that this approach is unlikely to be successful. It

would require significant additional resources and is likely to be quickly out-of-date unless effort is put into regularly updating and checking all the information. There are numerous examples of failed national information systems. We would argue that change is more likely to occur if there is a combined approach. This would involve, firstly establishing a working group involving advocacy organisations, local authorities, the Children's Commissioner and children's participation groups to develop a national agreement on which information should be measured which could become national guidance, possibly linked to the national advocacy standards (DoH, 2002); Secondly, 'fit' for purpose information systems would need to be put in place in advocacy agencies that would give managers a strong foundation for the planning of service improvements and thirdly, there needs to be greater awareness amongst staff working in advocacy organisations of the benefits of recording information and the need to be accountable. In these processes, it is essential that local authority commissioning arrangements support any developments by working with voluntary sector organisations in their aims to improve data collection, rather than continuously setting different goals. Organisations who provide more specific services such as for disabled young people or who respond to very local challenges such as unaccompanied asylum seeking young people, should also be offered support and guidance as to how they can develop measures which highlight the importance of their locally specific work. Changes need to occur at policy, local authority, advocacy and organisation levels. Better data can lead to an enhanced national profile of advocacy services; better trained staff; increased entitlement to advocacy for children; and greater resources, but it is essential that advocacy organisations engage in the process of defining the measurement tools to avoid services being shaped by funder rather than client notions of impact. We are aware that some organisations have more recently begun to develop tools to try to measure outcomes. We

would urge advocacy organisations to continue to work together to make improvements as they are the experts in this field.

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